


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002368 1. Entity Name PASO FINO HORSE FOUNDATION, INC.	
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Principal Place of Business 15316 NW 140 STREET ALACHUA, FL 32615 US	Mailing Address P.O. BOX 1860 ALACHUA, FL 32616 US
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DO NOT WRITE IN THIS SPACE

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3550069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVIS, MARCIA
 15316 NW 140 STREET
 ALACHUA, FL 32615

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CED DAVIS, MARCIA 15316 NW 140 STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPENCE, SHEILA 4030 SE 219 AVENUE MORRISTOWN, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZUR, FRANCIS H ATM CORP. OF AMERICA, 345 ROUSER RD. CORAOPOLIS, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RICHARD 15960 CINDY COURT FORT MEYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSCHA, GARY 11500 W 175 STREET OLATHE, KS 66062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000955086
07/16/08-80002-011 61.25

12: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila Spence* 7/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #